

**OFFICE OF THE INSPECTOR GENERAL
for the
Department of Mental Health, Mental Retardation
and Substance Abuse Services**

**SNAPSHOT INSPECTION
CATAWBA HOSPITAL**

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OIG REPORT #94-04

Facility: Catawba Hospital
Catawba, Virginia
Date: February 20, 2004
Type of Inspection: Snapshot Inspection / Unannounced
Reviewers: Cathy Hill, LPC

INSPECTION SUMMARY

A Snapshot Inspection was conducted at Catawba Hospital in Catawba, Virginia on February 20, 2004. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and the activity of patients.

Staffing patterns at the facility were, as outlined by facility policy, designed for the safety, supervision and treatment of the patients. Interviews with administrative staff revealed that Catawba Hospital is currently experiencing a nursing shortage, which was reported as primarily the outcome of budget shortfalls. It was maintained that the combination of previous budget reductions; a recent change in reimbursement practices for outpatient consultation services, including CT scans and X-rays; a growing competitive regional market and increasing healthcare costs have resulted in a shortage of funds. Facility management has consulted with the Central Office regarding strategies for successfully recruiting and retaining qualified staff.

The hospital provides active treatment programming at an off-unit treatment mall as well as on selected units depending upon the stability and level of functioning of the patients. Program selections on the date of the inspection included a medication education group, an illness education and management group and community reintegration skills group. Catawba Hospital has been dedicated over the past year in creating an environment that supports a culture of safety. An on-going focus on the reduction of the use of seclusion and restraint as well as the implementation of a suicide prevention program serve as markers of this effort.

A tour was completed of the four residential units. Overall the physical environment was clean, bright, comfortable and well maintained with evidence that efforts had been exerted toward providing a home-like, cheerful atmosphere.

PART I: STAFFING ISSUES

<p>Number of staff scheduled for this shift for this unit.</p> <p>RN = registered nurse LPN = licensed practical nurse NA = nursing assistants HM= hall monitors</p>	<p>February 20, 2004 – Day Shift</p> <p><u>Acute Admissions Unit</u></p> <p>2 RNs 1 LPN 3 NAs 1 HM</p> <p><u>Adult Long-term Rehabilitation Unit</u></p> <p>1 RN 1 LPN 2 NAs Additional RN scheduled to come on the unit at noon</p> <p><u>Geriatric Admission Unit</u></p> <p>3 RNs 1 LPN 5 NAs 1 HM The 5th aide was scheduled on the unit until 11:30 am</p> <p><u>Geriatric Long-term Rehabilitation Unit</u></p> <p>2 RNs 3 NAs 1 HM</p>
<p>Number of staff present on the unit?</p>	<p>Observations revealed that the number of staff scheduled to provide coverage were present on the units as identified.</p>
<p>Number of staff doing overtime during this shift or scheduled to be held over?</p>	<p>In all of the units toured, it was learned that two staff members were doing OT during the day shift on 2/20. On the acute admissions unit, 1 of the nursing assistants was scheduled for overtime coverage from 7:30am to 10:00 am. On the Geriatric Admissions Unit, one of the nursing assistants was scheduled for overtime coverage from 7:30am to 11:30am.</p>

Number of staff not present due absence because of worker's compensation injury?	Interviews revealed that there were not any staff members out due to worker's compensation on any of the units toured during the inspection process. 18 members of the nursing staff were out on either short or long term disability.
Number of staff members responsible for one-to-one coverage during this shift?	During the day shift on February 20 th , there were 2 patients identified as on 1:1 status; both were on the Geriatric Admissions unit. The 1:1 monitoring was implemented for safety and unpredictable behaviors.

Are there other staff members present on the unit? If so, please list by positions.

During the time that the tour of the residential areas was conducted a number of disciplines were noted as being on the various units including psychiatrists, psychologists, social workers and ward clerks. Members of the housekeeping staff were observed completing their duties on each of the units.

Additional comments regarding staff:

Interviews with administrative staff revealed that Catawba Hospital is currently experiencing a nursing shortage, which was reported as primarily the outcome of budget shortfalls. It was maintained that the combination of previous budget reductions; a recent change in reimbursement practices for outpatient consultation services, including CT scans and X-rays; a growing competitive regional market and increasing healthcare costs have resulted in a shortage of funds. This shortage, reportedly, has over the past six months begun to negatively impact direct care services and staff morale.

According to data provided at the request of the reviewer, there are 35 position vacancies in the nursing department. Of the 42 available registered nursing positions, 24 are currently filled leaving 18 positions vacant; of the 19 LPN positions, 15 are filled and 4 vacant and out of the 83 nursing assistant positions, there are 71 filled and 12 vacant. This leaves 34 vacant positions in nursing direct care positions.

An additional complicating factor for this facility is the number of staff out on disability. As of February 2004, there were 18 members of the nursing staff on either short or long term disability, including 8 RNs, 2 LPNs and 8 NAs. When staff are out on disability, their positions are considered "filled" leaving nursing administration to provide coverage during their absence through the use of mandatory overtime, part-time employees or contract staff. The number of mandatory overtime hours was noted to be significant for the licensed practical nurses, in particular, mainly because of their availability. In accordance with data submitted monthly to the OIG by the facility, the number of overtime hours for the LPNs has been steadily increasing since July 2003, with the hours being 491.5 hours in July, 619.4 in August, 765.9 in September, 1092.1 in October, and 1365.3 in November. The December data showed a decrease to 898.2 hours of overtime

for this same group. Interviews with staff indicated that the increased use of overtime has had a negative effect on morale.

The facility has recently been impacted by a very competitive regional market, which diminishes the facility's ability to be fiscally aggressive in recruiting and retaining qualified personnel. The facility has been working with the Central Office Human Resources Department in developing and implementing strategies designed to address these issues.

Several strategies for addressing the nursing shortage include the following:

- The facility implemented a hall monitoring training program for those members of the housekeeping and dietary staff, that would be interested in transferring internally to nursing services. The monitors are positioned in the halls for the purpose of observing the interactions of the patients, for increased safety (such as monitoring those at risk of falling), and conducting visual checks on each of the patients. One of the unforeseen benefits of implementing this project has been the desire of several of the staff entering these positions to increase their education to become licensed practical nurses and registered nurses.
- The facility has increased opportunities for practicum experiences for persons enrolled in nursing programs for both registered nurses and licensed practical nurses. The facility also offers work experiences through area high schools for persons interested in nursing assistant experience. It is hoped that exposure to the program will encourage individuals to consider the hospital as a positive place to work.
- Staff have opportunities to negate occurrences of "call-ins" by volunteering to do a determined amount of overtime.

Finding 1.1: Catawba maintains a staffing pattern that is consistent with facility expectations and provides staff to patient ratios designed to meet the safety, supervision and treatment needs of the patients. This is accomplished through overtime, schedule adjustments and the implementation of other nursing personnel initiatives.

Recommendation: Because maintaining an adequate workforce is such a critical challenge facing this facility, the OIG requests quarterly updates regarding the progress the facility is making in addressing this issue.

***DMHMRSAS Response:** Some progress has already been made in recruiting and retaining nursing staff in the two months since this inspection. Catawba has had net gains of 1 RN and a net gain of 6 with other nursing positions including Direct Care Associate IIs, and LPNs. Vacancies are currently 28 versus the 34 in February 2004.*

Likewise, there was some reduction in the number of nursing staff on Short-Term Disability/Long-Term Disability (STD/LTD). In February there were 18 nursing staff on STD/LTD; currently there are 12 (6 in LTD and 6 in STD/Sick leave, not working). Catawba still has a number of nursing staff with some limitations/restrictions but who are working limited hours: 6 RNs and 8 Direct Care Associates IIs. Catawba has been proactively working with the disability administrator and the staff members' physicians in an effort to bring staff back to full-duty as soon as possible.

Vacant positions and unproductive employee hours (those out on STD/LTD or with restrictions) continue to be covered by employees working overtime and limited use of wage employees. The Department is aware that the use of pre-scheduled overtime and mandatory overtime directly impacts morale, retention, recruitment, and potentially patient safety. Efforts to hire RNs are being maximized with attempts at recruitment fairs and through advertising. The Department's division of Facility Operations is working in tangent with Human Resources towards future planning and development of a statewide comprehensive strategy to address recruitment and retention which is essential to achieving Catawba's mission and vision.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

Bed capacity for the unit: Census at the time of the review:

The operating bed capacity for the facility is 110 beds. The total census on the date of the tour was 103 patients.

The census on the units toured during the inspection process were as follows:

- The Acute Admissions Unit had a census of 25. The bed capacity on the unit is 30.
- The Adult long-term rehabilitation unit had a census of 19. The bed capacity for the unit is 20.
- The Geriatric Admissions Unit had a census of 29, with one person on special hospitalization status. The bed capacity on the unit is 30.
- The Geriatric Long-term Rehabilitation Unit had a census of 30. The bed capacity for the unit is 30.

Number of patients/residents on special hospitalization status.

Interviews with administrative staff indicated that there was one patient on special hospitalization status during the time of the inspection. The individual was residing on the Geriatric Admissions Unit.

Number of patients/residents on special precautions?

Interviews with staff, on the units toured, indicated that seven residents within the facility were noted to be on special precautions addressing issues such as falls risk, safety and unpredictable behavior.

Number of patients/residents on 1 to 1?

During the day shift on February 20th, there were 2 patients identified as on 1:1 status; both were on the Geriatric Admissions unit. The 1:1 monitoring was implemented for safety and unpredictable behaviors.

Identify the activities of the patients/residents?

Tours of the residential units occurred during the day shift. The hospital provides active treatment programming at an off-unit treatment mall as well as on selected units depending upon the stability and level of functioning of the patients. Program selections on the date of the inspection included a medication education group, an illness education and management group and community reintegration skills group.

A music therapy group, comprised of approximately 15 members and four staff, was observed during the tour of the geriatric long-term rehabilitation unit. The group activity involved group participation in the selection of the type of music to be sung. The leader, a practicum intern, played a guitar and led the group in singing. The activities observed were designed to enhance group interaction, vocalization and gross motor skills. The leader interacted with all the patients and actively engaged them in the process. All the patients were observed either singing or keeping time to the music with movement or light clapping.

Do patients/residents have opportunities for off-ground activities?

Interviews with facility staff and patients indicated that there are opportunities for patients to participate in off-grounds activities once they have achieved the necessary level.

Are smoke breaks posted?

The buildings on campus are designated as smoke free. Smoke breaks, which are established for each unit, occur in designated areas only. There are two gazebos on campus where smoking on the grounds can occur.

Other comment about active treatment:

Catawba Hospital actively engages in reviewing the active treatment programming activities offered both in the treatment mall and the units. It is currently reviewing programming for the fourth time in as many years. This system is consistent with the philosophy of the facility in providing active treatment that is based on best practices and with the input of the consumers. The facility has implemented several self-help/peer programs for consumers, which are designed to serve as a conduit to their personal growth in the recovery process. An example of this is the development of a Drop-In Center for the geriatric population. This enables persons to interact with their peers, to learn more about services and to become engaged in therapeutic activities.

Program offerings are designed to assist persons with gaining skills for managing themselves and developing meaningful interactions within the community including skills for enhancing vocational opportunities and experiences. The program has developed a community gardening project. This project has several benefits. Participants enter the community to plant flower gardens at the local Adult Homes. This provides them with increased skills while providing them with exposure to potential residential settings following discharge. This good-will project benefits the homes by creating a more pleasing setting for residents. A computer education program has also been developed in order to enable patients to gain rudimentary computer skills.

Active treatment programming curriculum is on a two-month cycle and program activities have been expanded from 45-minute sessions to 50 minutes.

Catawba Hospital has been dedicated over the past year in creating an environment that supports a culture of safety. An on-going focus on the reduction of the use of seclusion and restraint as well as the implementation of a suicide prevention program serve as markers of this effort. The facility conducted a FMEA (Failure Mode Effect Analysis) review of risks factors at critical stages in the treatment process including the discharge process phase. The outcome of this was the creation of risk assessment processes and risk reduction initiatives. Evidence of this effort was noted in the review of three discharge records. Assessments at the time of discharge for the patient's ongoing level of risk included a review of both professional and natural community supports available for the patient as a mechanism for maintaining stability immediately after discharge. Natural community supports include family members, neighbors, social groups, faith communities, etc. Staff assisted the patients in thinking through strategies for dealing with re-emerging feelings that were coupled with the circumstances associated with hospitalization (often suicidal plan or attempt), which are likely to be problematic upon discharge. By articulating this formally in the form of a crisis plan with the patient, and appropriate supports, it increases the likelihood that the person will use these supports constructively.

The hospital will be presenting its initiative and outcomes in two areas during the 2004 American Psychiatric Association meeting in Atlanta. Topics for presentation and discussion include Suicide Prevention in State Hospital Psychiatry: Risk Assessment to Risk Reduction and Treatment Malls: State Hospital Psychiatry Psychosocial Rehabilitation and Recovery.

OIG Finding 2.1: Interviews and observation revealed that Catawba Hospital provides active treatment programming in a variety of settings, depending on each patient's level of functioning and stability, which are designed to enhance skills acquisition for successful community living.

OIG Recommendation: None.

IG Finding 2.2: Catawba Hospital has implemented a suicide prevention program designed to determine patient risk throughout critical stages of treatment, including the discharge process. This process has resulted in the development of discharge plans that provides the patient and their natural supports with guidance in the event that a crisis would occur.

Recommendation: Develop a mechanism for sharing this risk reduction program with the other facilities and Community Services Boards.

***DMHMRSAS Response:** Catawba Hospital is in the process of working on a Failure Mode and Effect Analysis (FMEA) related to Suicide Prevention. Once the FMEA project has been completed, training will occur. A component of the implementation plan includes sharing the improvements with other facilities and Community Services Board (CSB) staff.*

Catawba Hospital is interested in providing an opportunity for sharing this risk reduction program with other facilities and Community Service Boards through formal training. Potential training focuses include suicide risk screening, risk assessment, risk reduction and relapse prevention across the continuum of mental health services for adults. The audience would potentially include psychiatrists, colleagues in professional organizations such as the Virginia Association of Community Psychiatrists, CSB staff, private and public sector mental health clinicians; as well as program administrators.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations
The common areas are clean and well maintained.	It was observed during the tour of the four treatment units that the residential areas were clean and well maintained.
Furniture is maintained and free from tears.	Tours of the common areas indicated that furniture was free from tears and was well maintained.
Curtains are provided when privacy is an issue.	Tours of the units demonstrated that window coverings are provided for privacy from the outside.
Clocks are available and time is accurate.	The clocks on the residential units displayed the correct time.

Notifications for contacting the human rights advocate are posted.	Posters were observed on the residential units.
There is evidence that the facility is working towards creating a more home-like setting.	Efforts at making this institutional setting more homelike were noted. Murals are painted on the walls in the geriatric units. Borders decorate the hallways and other decorative items were noted.
Temperatures are seasonally appropriate.	Tours of units indicated that temperatures were comfortable.
Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Interviews revealed that the facility makes every effort to afford privacy when there are visitors to the unit. Visitors were noted on one of the units. They were signed in and escorted to a visitor's room.
Patients/residents have access to telephones, writing materials and literature.	Interviews and observations demonstrated that there is access to communication materials and literature.
Hallways and doors are not blocked or cluttered.	Hallways, doors and egress routes were not blocked and were free of clutter.
Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
Patients/residents are aware of what procedures to follow in the event of a fire.	Staff assist the patients during fire drills. Patients are provided with information regarding drills during their orientation to the facility and during community meetings.
Fire drills are conducted routinely and across shifts.	Fire drills are conducted once a month so that each shift is covered at least once quarterly.
Bedrooms	Comments and Observations
Bedrooms are clean, comfortable and well maintained.	All residential units toured were clean and well maintained. Housekeeping staff assists the patients in maintaining their rooms.

Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Observations of patient rooms indicated that each patient has a mattress, sheet, blankets and pillow and if more are needed, the items can be obtained upon request.
Curtains or other coverings are provided for privacy.	Tours of the units confirmed that curtains and/or other coverings are provided for clients' privacy where needed except when contraindicated for behavioral reasons.
Bedrooms are free of hazards such as dangling blind cords, etc.	In the rooms observed there was not any evidence of hazards resulting from dangling cords, etc.
Patients/residents are able to obtain extra covers.	Patients are able to obtain extra linens and covers. They need to ask staff in order to obtain these items from storage rooms located on the living units.
Patients/residents are afforded opportunities to personalize their rooms.	Interviews and observations indicated that clients are given the opportunity to personalize their rooms.
Bathrooms	Comments and Observations
Bathrooms were clean and well maintained	Bathrooms were noted to be clean and well maintained. Housekeeping maintains these areas.
Bathrooms were noted to be odor free.	Tours of unit bathrooms indicated that all were odor free.
Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations
Pathways are well lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were free of hazardous conditions. The inspection occurred during the day so it was not determined whether the areas were well lit.
Buildings are identified and visitor procedures for entry posted.	The staff entered the facility through the administration building and was escorted on the residential units. It was observed that upon entering the unit, visitors are greeted by staff and asked to sign in before being escorted to the visiting area.

Grounds are maintained.	Grounds are well maintained.
There are designated smoking areas with times posted.	Smoking is prohibited in the buildings at the facility. There are designated outside smoking areas.
Patients/residents have opportunities to be outside.	Interviews revealed that persons with the appropriate privileges have opportunities for going outside on and off grounds.

OIG Finding 3.1: Observations demonstrated that the facility is well maintained, clean and comfortable.

OIG Recommendation: None.